



NOTICE OF SOLICITATION

SERIAL #: PH RFP 09-011

REQUEST FOR PROPOSAL FOR:

HEALTH CARE PLANNER - REVISED

Notice is hereby given that sealed proposals will be received by the Maricopa County Department of Public Health, 4041 N. Central Avenue, #1400, Phoenix, AZ 85012, until 2:00 PM September 19, 2008. Proposals will be opened by the Public Health Procurement Officer at an open, public meeting at the above time and place.

All Proposals must be signed, sealed and addressed to the Maricopa County Department of Public Health, 4041 N. Central Avenue, #1400, Phoenix, AZ 85012 and marked **"SERIAL #: PH RFP 09-011 HEALTH CARE PLANNER - REVISED"**

The Maricopa County Procurement Code ("The Code") governs this procurement and is incorporated by this reference. Any protest concerning this request for Proposals must be filed with the Procurement Officer in accordance with Section MC1-905 of the Code.

ALL ADMINISTRATIVE INFORMATION CONCERNING THIS REQUEST FOR PROPOSAL AND THE CONTRACTUAL TERMS AND CONDITIONS CAN BE LOCATED @ <http://www.maricopa.gov/materials>. ANY ADDENDA TO THIS SOLICITATION WILL BE POSTED ON THE MARICOPA COUNTY MATERIALS MANAGEMENT WEB SITE UNDER THE SOLICITATION SERIAL NUMBER.

PROPOSAL ENVELOPES WITH INSUFFICIENT POSTAGE WILL NOT
BE ACCEPTED BY THE MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH

INQUIRIES:

CHERYL RENTSCHLER
PROCUREMENT OFFICER
TELEPHONE: (602) 506-6886

NOTE: MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH PUBLISHES ITS SOLICITATIONS ONLINE AND THEY ARE AVAILABLE FOR VIEWING AND/OR DOWNLOADING AT THE FOLLOWING INTERNET ADDRESS:

http://www.maricopa.gov/materials/advbd/pub_health.asp

TABLE OF CONTENTS

NOTICE

TABLE OF CONTENTS

NO RESPONSE DOCUMENT

SECTION:

1.0 INTENT

2.0 SCOPE OF WORK

3.0 SPECIAL TERMS & CONDITIONS

ATTACHMENTS:

ATTACHMENT A – PRICING SHEET

ATTACHMENT B – AGREEMENT PAGE

ATTACHMENT C – REFERENCES

ATTACHMENT D – PROPOSAL FOR CONTRACT DELIVERABLES

EXHIBITS:

EXHIBIT 1 - VENDOR REGISTRATION PROCEDURES

NO RESPONSE

Respondents not responding to this proposal are asked to complete this document and return it to Maricopa County Department of Public Health, 4041 N. Central Avenue, #1400 Phoenix, AZ 85012 or fax to 602/506-6885.

MARK OUTSIDE ENVELOPE "SERIAL #: PH RFP 09-011"

HEALTH CARE PLANNER - REVISED

Responses must be received **BY 2:00 PM September 19, 2008**. Respondents failing to submit a proposal, or this document, may be subject to removal from the Maricopa County Materials Management Contractor List.

SERIAL #: **PH RFP 09-011**

TITLE: **HEALTH CARE PLANNER - REVISED**

CONTRACTOR NAME: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

REASON FOR NO PROPOSAL:

_____ Insufficient time
_____ Do not handle product/service
_____ Other: _____

**REQUEST FOR PROPOSALS FOR:
HEALTH CARE PLANNER - REVISED**

1.0 INTENT:

The Maricopa County Department of Public Health (MCDPH), Public Health Emergency Management Program (PHEM) is requesting proposals from qualified individuals and/or organizations to perform and carry out the grant deliverables from the Center for Disease Control (CDC) and Health and Human Services (HHS) addressing public health, emergency preparedness, and surge capacity issues at hospitals and other community healthcare providers. The responsible person shall ensure that public health emergency response protocols, resources, and responsibilities are shared with local hospitals, long term care facilities and outpatient clinic planners to assist them in developing their emergency plans and in the coordination of emergency response.

This contract requires 40+ hours of work per week and individual(s) shall perform all work out of the Public Health Emergency Management Office, 4041 N. Central Ave., #600, Phoenix, AZ, where work space and equipment shall be provided. In addition, individual(s) shall be on-call 24/7 in the event that a public health emergency impacts Maricopa County. Total amount for this project may not exceed \$100,000 per year. This amount is inclusive of all duties and additional expenses (i.e. mileage, paid time off, etc.) and is subject to available funding. Final contract is subject to approval from the Maricopa County Board of Supervisors and the Arizona Department of Health Services.

2.0 SCOPE OF WORK:

2.1 BACKGROUND INFORMATION:

The mission of the Maricopa County Department of Public Health Emergency Management Program is to develop comprehensive and operational all hazards preparedness plans for Maricopa County in the event of a public health emergency. For more information regarding Cooperative Agreement Guidance for Public Health Emergency Preparedness please refer to the CDC guidance documents located at: <http://www.bt.cdc.gov/planning/coopagreement/#08>

All activities below are to be carried out by the contractor acting solely as a representative of MCDPH; any conflict of interest should be discussed before contact occurs. Such conflict will be accessed by the PHEM program manager who will determine if specific parameters or restrictions need to be set.

2.2 EXPECTATIONS:

2.2.1 Contractor shall coordinate the following emergency preparedness activities with the health care sector:

- 2.2.1.1 Responsible for performing MCDPH grant deliverables related to health care community agency coordination and ensuring they are completed in accordance with established due dates.
- 2.2.1.2 Provide input to the grant budget for health care coordination activities.
- 2.2.1.3 Develop and update health care community emergency preparedness plans with community healthcare providers, identify surge capacities and inventories such as negative pressure rooms, ventilator inventories, bed capacities and pharmaceutical caches to assure coordination with area hospitals, urgent care centers, and/or other health care providers.

- 2.2.1.4 Develop a database of local health care primary and secondary current contacts, capacities and resource inventories of hospital resources in the community.
- 2.2.1.5 Collaborate with healthcare entities, including healthcare professionals, schools and businesses, to support their public health emergency response training and exercise planning, including Maricopa County participation in no less than three healthcare partner exercises (Tabletop, Functional or Full Scale) within the contract period.
- 2.2.1.6 Create healthcare related semi-annual and annual grant reports for PHEM deliverables emergency preparedness activities.
- 2.2.2 Contractor shall support the following disease surveillance, disease control and health care resource assessment and monitoring systems for the health care sector:
 - 2.2.2.1 Integrate Public Health's Epidemiology and Community Health Nursing divisions reporting systems into individual hospital preparedness planning.
 - 2.2.2.2 Support disease surveillance activities such as outbreak investigations, individual case investigations, data collection, data entry or data analysis
 - 2.2.2.3 Responsible for developing and maintaining hospital, treatment center, long term care and urgent care facility contacts to ensure proper and timely reporting to MCDPH systems. Responsible for performing quarterly emergency call down testing of healthcare community agencies following PHEM protocols.
 - 2.2.2.4 Monitor Arizona Department of Health Services (ADHS) real-time web-based hospital resource database to maintain situational awareness and identify critical surge capacity events within the community.
- 2.2.3 Contractor shall attend meetings in person as the MCDPH Health Care Liaison
 - 2.2.3.1 Represent MCDPH as assigned by PHEM Division Administrator at health care related committees, community advisory groups, and task forces.
 - 2.2.3.2 Participate in community-based emergency preparedness and response training and exercise events as required in Contract and approved or assigned by PHEM Program Manager.

2.3 DELIVERABLES: The following list of deliverables is not exhaustive and is subject to change.

- 2.3.1 Within 30 days of contract beginning, read and be familiar with all plans and grant deliverables pertaining to health care preparedness, including but not limited to:
 - 2.3.1.1 CDC Cooperative agreement
 - 2.3.1.2 HPP Hospital Grant
 - 2.3.1.3 Federal, state, county and local emergency plans
 - 2.3.1.4 Hospital Plans
 - 2.3.1.5 HEICS guidelines
- 2.3.2 Within 90 days of contract beginning, conduct in-person meetings with the Emergency planner (or equivalent) and corporate management from each of the seven major local hospital systems to make introductions discuss PUSH sites, emergency plans, exercise participation and other issues.
- 2.3.3 On an on-going basis, attend in person the following regularly scheduled meetings:
 - 2.3.3.1 APIC-monthly
 - 2.3.3.2 MC Hospital Disaster Preparedness Council (quarterly) Emergency Response
 - 2.3.3.3 Sector meetings (ad-hoc)
 - 2.3.3.4 Surveillance meeting (bimonthly)
 - 2.3.3.5 Coyote Crisis
 - 2.3.3.6 Central Region Committee
- 2.3.4 Attend in person all ad-hoc hospital related meetings (these occur at least weekly).

- 2.3.5 Within 30 days of contract beginning, attend Epidemiology 101 course, case investigation training, Community Health Nursing 101, POD leadership training.
- 2.3.6 Provide direction for nursing facility assessment and training project being carried out by AzCHP staff.
- 2.3.7 Actively assist and participate in all MCDPH exercises and events.
- 2.3.8 Provide direction and supervision for Hospital Specialist.
- 2.3.9 Be available 24/7 for emergency activation as the Health Care Coordinator of the Public Health Incident Command Center in a public health emergency.

2.4 COMPENSATION:

Contractor must propose an expected hourly rate which will be subject to negotiation. The hourly rate shall be inclusive of all duties and expenses.

3.0 **SPECIAL TERMS & CONDITIONS:**

3.1 CONTRACT TERM:

The effective date of the contract is expected to be from October 1, 2008 – September 30, 2009.

3.2 OPTION TO EXTEND:

At the discretion of the County, the contract may be renewable for up to three (3) additional years (in periods of any number of months, as mutually acceptable to the parties), depending on the continued availability of funding and satisfactory contractor performance.

3.3 INDEMNIFICATION AND INSURANCE:

3.3.1 INDEMNIFICATION

To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless the County, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including but not limited to attorney fees and costs, relating to this Contract.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the negligence of the County.

3.3.2 Abrogation of Arizona Revised Statutes Section 34-226:

In the event that A.R.S. § 34-226 shall be repealed or held unconstitutional or otherwise invalid by a court of competent jurisdiction, then to the fullest extent permitted by law, CONTRACTOR shall defend, indemnify and hold harmless COUNTY, its agents, representatives, officers, directors, officials and employees from and against all claims, damages, losses and expenses (including but not limited to attorney fees, court costs, and the cost of appellate proceedings), relating to, arising out of, or resulting from CONTRACTOR'S work or services. CONTRACTOR'S duty to defend, indemnify and hold harmless, COUNTY, its agents, representatives, officers, directors, officials and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, injury to, impairment or destruction of property including loss of use resulting from, caused in whole or in part by any act or omission of CONTRACTOR, anyone CONTRACTOR directly or indirectly employs or anyone for whose acts CONTRACTOR may be liable, regardless of whether it is caused in part by a party indemnified hereunder, including COUNTY.

The scope of this indemnification does not extend to the sole negligence of COUNTY.

3.3.3 Insurance Requirements.

3.3.3.1 Any Contractor who is duly appointed to the Maricopa County Department of Public Health and who provides health care, medical or professional services, or consultant services pursuant to the terms of this contract shall be deemed agents of the County for purposes of determining professional liability for acts rising out of the performance of this Contract. Such professional liability coverage shall be for services performed as specified in the Scope of Work of this Contract. The County through the Maricopa County Attorney's Office shall provide the defense and legal representation.

3.3.3.2 The scope of the County's responsibility to any Contractor who is duly appointed to the Maricopa County Department of Public Health and who provides health care, medical or professional services, or consultant services is governed by the terms of the Maricopa County Self Insurance Trust, as amended.

3.3.3.3 Maricopa County, its Risk Management Department and its Self Insurance Trust may defend or settle any claim or suit involving said Contractor as it deems appropriate and Contractor's consent is not required. However, the County will make reasonable efforts to consult and coordinate with the Contractor or its medical providers prior to making and/or implementing any settlement decision.

3.4 AUDIT REQUIREMENTS

3.4.1 If the Contractor expends \$500,000 or more from all contracts administered and/or funded via County, and/or receives \$500,000 or more per year from any federal funding sources, the Contractor may be subject to Federal audit requirements per P.L. 98-502 "The Single Audit Act". The Contractor shall comply with OMB Circulars A-128, A-110, and A-133 as applicable. The audit report shall be submitted to the Maricopa County Department of Public Health for review within the twelve months following the close of the fiscal year. The Contractor shall take any necessary corrective action to remedy any material weaknesses identified in the audit report within six months after the release date of the report. Maricopa County may consider sanctions as described in OMB Circular A-128 for contractors not in compliance with the audit requirements. All books and records shall be maintained in accordance with Generally Accepted Accounting Principles (GAAP).

3.4.2 The Contractor shall schedule an annual financial audit to be submitted to County for review within twelve months following the close of the program's fiscal year. Contractor understands that failure to meet this requirement may result in loss of current funding and disqualification from consideration for future County-administered funding.

3.4.3 The Contractor shall comply with the requirement of the Federal Office of Management and Budget (OMB) Circular A-133. The Contractor is responsible for having an audit performed in accordance with, and when required, by OMB Circular A-133, and for sending a copy of the report issued as a results of the audit to the COUNTY within 30 days of issuance. The County reserves the right to engage an auditor, at the Contractor's expense, to perform an OMB Circular A-133 audit of the Contractor in the event that the Contractor shall fail to engage an auditor or the County shall reject or disapprove of the auditor engaged by the Contractor.

3.4.4 The Contractor must also comply with the following OMB Circulars:

3.4.4.1 A-102 Uniform Administrative Requirements for Grants to State and Local Government.

- 3.4.4.2 A-110 Uniform Administrative Requirements for Grants and Agreement with Institutions of Higher Education, Hospitals and other non-profit organizations.
- 3.4.4.3 A-122 Cost Principles for Non-Profit Organizations.
- 3.4.4.4 A-87 Cost Principles for State and Local Governments.
- 3.4.4.5 A-21 Cost principles for Education Institutions.

3.5 CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

- 3.5.1 The undersigned (authorized official signing for the Contractor) certifies to the best of his or her knowledge and belief, that the Contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:
 - 3.5.1.1 are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
 - 3.5.1.2 have not within 3-year period preceding this Contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 3.5.1.3 are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
 - 3.5.1.4 have not within a 3-year period preceding this Contract had one or more public transaction (Federal, State or local) terminated for cause of default.
- 3.5.2 Should the Contractor not be able to provide this certification, an explanation as to why should be attached to the Contract.
- 3.5.3 The Contractor agrees to include, without modification, this clause in all lower tier covered transactions (i.e. transactions with subcontractors) and in all solicitations for lower tier covered transactions related to this Contract.

3.6 MULTIPLE VENDOR AWARD

Maricopa County reserves the right to award this Contract to more than one vendor at the County's discretion and to add additional vendors throughout the life of this Agreement, if desired.

3.7 INQUIRIES AND NOTICES:

All inquiries concerning information herein shall be addressed to:

MARICOPA COUNTY
DEPARTMENT OF PUBLIC HEALTH
ATTN: CHERYL RENTSCHELER
4041 N. CENTRAL AVENUE, #1400
PHOENIX, AZ 85012

Telephone inquiries shall be addressed to:

CHERYL RENTSCHELER, PROCUREMENT OFFICER, 602-506-6886

Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Maricopa County.

3.8 INSTRUCTIONS FOR PREPARING AND SUBMITTING PROPOSALS:

Respondents are to provide one (1) original hard copy (labeled) and six (6) copies of their proposal. **Respondents are to address proposals identified with return address, serial number and title in the following manner:**

**Maricopa County Department of Public Health
Procurement Officer
4041 N. Central Avenue, #1400
Phoenix, AZ 85012**

**SERIAL #: PH RFP 09-011
HEALTH CARE PLANNER - REVISED**

Proposals must be signed by a corporate official who has been authorized to make such commitments. All prices shall be held firm for a period of one hundred twenty (120) days after the RFP closing date.

3.9 EXCEPTIONS TO THE SOLICITATION:

The Respondent shall identify and list all exceptions taken to all sections of PH RFP 09-011 and list these exceptions referencing the section (paragraph) where the exception exists and identify the exceptions and the proposed wording for the Respondent's exception. The Respondent will list these exceptions in the Proposal under the heading, "Exception to the PROPOSAL Solicitation, SERIAL #: PH RFP 09-011." **Exceptions that surface elsewhere and that do not also appear under the heading "Exceptions to the PROPOSAL Solicitation, SERIAL #: PH RFP 09-011" shall be considered invalid and void and of no contractual significance.**

The County reserves the right to reject, render the proposal non-responsive, enter into negotiation on any of the Respondent exceptions, or accept them outright.

3.10 GENERAL CONTENT:

The Proposal submitted should be specific and complete in every detail. It should be practical and should be prepared simply and economically, providing a straightforward, concise delineation of capabilities to satisfactorily perform the Contract being sought.

The Respondent should not necessarily limit the proposal to the performance of the services in accordance with this document but should outline any additional services if the Respondent deems them necessary to accomplish the program.

3.11 FORMAT AND CONTENT:

To aid in the evaluation, it is desired that all proposals follow the same general format. The proposals are to be submitted as below:

3.11.1 Proposal Cover Sheet – Identifies the name of the Proposer responding to the RFP and the amount of funds requested.

3.11.2 Proposal – Applicants are required to complete a detailed narrative describing how they intend to accomplish the deliverables as identified in the Scope of Work. In addition,

applicants will utilize the template matrix in Attachment D, as well as any additional items as appropriate.

3.11.3 Curriculum Vitae

3.11.4 Qualifications – This section shall describe the applicant’s ability and experience related to the services proposed. All project personnel, as applicable, shall be listed including a description of assignments and responsibilities, a resume of professional experience, and other pertinent information.

3.11.5 Pricing Sheet (Attachment A)

3.11.6 Agreement (Attachment B)

3.11.7 References (Attachment C)

3.11.8 Health Care Planner Proposal for Deliverables (Attachment D) – the purpose of this matrix is to identify your proposed work plan, the date of expected completion, the specific experience you possess that qualifies you to complete this deliverable, and any deficiencies that may prevent you from achieving the deliverables.

3.12 EVALUATION OF PROPOSAL – SELECTION FACTORS:

A Proposal Review Committee shall be appointed, chaired by the Public Health Procurement Officer, to evaluate each Proposal and prepare a scoring of each Proposal to the responses as solicited in the original request. At the County’s option, proposing individuals/firms may be invited to make presentations to the Evaluation Committee. Best and Final Offers and/or Negotiations may be conducted, as needed, with the highest rated Respondent(s). Proposals will be evaluated on the following criteria which are listed in order of importance.

3.12.1 Proven skills and technical competence

3.12.1.1 Knowledge and experience of health care administration or hospital operations.

3.12.1.2 Knowledge and experience of health care emergency planning and response.

3.12.1.3 Familiarity with medical/emergency response to biological, radiological or chemical weapons of mass destruction, basic infectious disease epidemiology, health status assessment, surveillance systems.

3.12.1.4 Mastery of Microsoft Office Software and database systems.

3.12.1.5 Excellent written, verbal communication and public speaking/presentation skills in a corporate environment.

3.12.1.6 NIMS/ICS advanced training and real-life, hands-on, experience in incident management and/or exercises.

3.12.2 Approach and methodology

3.12.3 Hourly rate proposed

3.13 POST AWARD MEETING:

The successful Respondent may be required to attend a post-award meeting with the Using Agency to discuss the terms and conditions of this Contract. This meeting will be coordinated by the Procurement Officer of the Contract.

NOTE: RESPONDENTS ARE REQUIRED TO USE ATTACHED FORMS TO SUBMIT THEIR PROPOSALS.

ATTACHMENT A
HEALTH CARE PLANNER - REVISED
PRICING SHEET

BIDDER NAME: _____
 F.I.D./VENDOR #: _____
 BIDDER ADDRESS: _____
 P.O. ADDRESS: _____
 BIDDER PHONE #: _____
 BIDDER FAX #: _____
 COMPANY WEB SITE: _____
 COMPANY CONTACT (REP): _____
 E-MAIL ADDRESS (REP): _____

PAYMENT TERMS: BIDDER IS REQUIRED TO SELECT ONE OF THE FOLLOWING:

TERMS WILL BE CONSIDERED IN DETERMINING LOW BID.
 FAILURE TO CHOOSE A TERM WILL RESULT IN A DEFAULT TO NET 30.
 BIDDER MUST INITIAL THE SELECTION BELOW.

NET 10 _____
 NET 15 _____
 NET 20 _____
 NET 30 _____
 NET 45 _____
 NET 60 _____
 NET 90 _____
 2% 10 DAYS NET 30 _____
 1% 10 DAYS NET 30 _____
 2% 30 DAYS NET 31 _____
 1% 30 DAYS NET 31 _____
 5% 30 DAYS NET 31 _____

COMPENSATION/FEES:

HOURLY RATE

HEALTH CARE PLANNER
 (As defined herein)

\$ _____
 (Please fill in)

Respondent's signature below indicates understanding and agreement to perform the services outlined in the Request for Proposal indicated above for the total amount they have listed above.

 Signature (REQUIRED)

 Date

ATTACHMENT B

HEALTH CARE PLANNER - REVISED

AGREEMENT

The Respondents hereby certify that they have read, understand and agree that acceptance by Maricopa County of the Contractor's offer by the issuance of a Purchase Order or Contract will create a binding Contract. Further, they agree to fully comply with all terms and conditions as set forth in the Maricopa County Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement.

BY SIGNING THIS AGREEMENT THE SUBMITTING FIRM CERTIFIES THAT THEY HAVE REVIEWED THE ADMINISTRATIVE INFORMATION AND DRAFT RFP CONTRACT TERMS AND CONDITIONS LOCATED AT <http://www.maricopa.gov/materials>. AND AGREE TO BE CONTRACTUALLY BOUND TO THEM.

MINORITY/ WOMEN-OWNED SMALL BUSINESSES (check appropriate item):

_____ Disadvantaged Business Enterprise (DBE)
 _____ Women-Owned Business Enterprise (WBE)
 _____ Minority Business Enterprise (MBE)
 _____ Small Business Enterprise (SBE)

 FIRM SUBMITTING PROPOSAL

 VENDOR NUMBER

 PRINTED NAME AND TITLE

 AUTHORIZED SIGNATURE

 ADDRESS

 TELEPHONE FAX #

 CITY STATE ZIP

 DATE

WEB SITE: _____

EMAIL ADDRESS: _____

MARICOPA COUNTY, ARIZONA

BY: _____
 PROCUREMENT OFFICER

 DATE

BY: _____
 DIRECTOR, MATERIALS MANAGEMENT

 DATE

APPROVED AS TO FORM:

 MARICOPA COUNTY ATTORNEY

 DATE

ATTACHMENT C

CONTRACTOR REFERENCES

FIRM SUBMITTING PROPOSAL: _____

1. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____
2. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____
3. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____
4. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____
5. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____

Attachment D

Maricopa County Department of Public Health
Health Care Planner Proposal for Contract Deliverables

Item	Scope of Work as Identified in RFP	Proposed Work Plan	Timeline for Completion	Relevant Experience that Qualifies You	Action Plan for Deficiency
2.2.1.2	Grant Budget Input				
2.2.1.3	Plans and Information				
2.2.1.4	Capacities and Contacts Database				
2.2.1.5	Exercise and Training Collaboration				
2.2.1.6	Grant Reporting				
2.2.2.1	Reporting System Integration				
2.2.2.3	Healthcare Contacts				
2.2.2.4	Hospital Resource Database				
2.2.3.1	Health Care Liaison				
2.3.1	Plans and Response Protocols				
2.3.2	Hospital Emergency Planner/Corporate Management Meetings				
2.3.5	MCDPH Training				
2.3.6	Nursing Facility Assessment Project Management				
2.3.7	Availability Plan				
2.3.8	Hospital Specialist Work Plan				
2.3.9	Emergency Activation Availability				

EXHIBIT 1 VENDOR REGISTRATION PROCEDURES

On-line Vendor Registration at Maricopa County is available NOW!

On November 22, 2004, Maricopa County changed its vendor registration process. Paper forms will no longer be accepted. Vendor registrations will only be accepted through the active website. Register at <http://www.maricopa.gov/Materials/>

The new process will give you full control over your organizational information. Please be advised however that you are now directly responsible for the presence and accuracy of your company's information.

Vendors currently registered in our system who have changes to their information or have not registered online must establish a new account via the above web site link. Materials Management will no longer post changes to existing vendor records.

Procurement vendors: Be sure to select those commodity codes that best represent the commodities and or services provided by your organization. Non-procurement registrants may ignore the commodity portion.

Registration is **FREE**. You may use any computer with web access for registration, record updating and maintenance.

If you have any questions, email us at VendorReg@mail.maricopa.gov.